



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

46347

In the Application of:
Schmaus et al.

Filing Date: March 3, 2004

Art Unit: 1621

Serial No. 10/790,770

Examiner:

For: ANTIMICROBIALY ACTIVE 4-METHYL-4-ARYL-2-PENTANOLS,
THEIR PREPARATION AND USE

PETITION

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

August 18, 2004

Dear Sir:

This is a petition to accept a late claim of priority under 35 U.S.C. 120 from PCT/EP02/09793 (filed September 3, 2002) which is based on German application no. 101 43 434.0 (filed September 5, 2001). Enclosed is a corrected Application Data Sheet.

The entire delay between the date the claim was due under paragraph (a)(2)(i) of 37 CFR 1.78 and the present date was unintentional.

Enclosed is a check in the amount of \$1460.00 to cover the petition fee under 37 CFR 1.17(h) and the surcharge under 37 CFR 1.17(t).

08/19/2004 AAD0F01 00000046 10790770

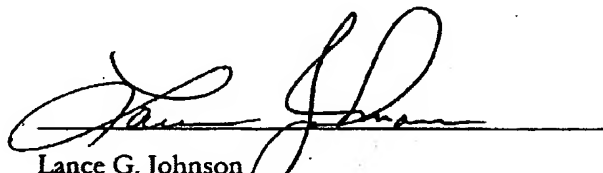
01 FC:1454
02 FC:1460

1330.00 OP
130.00 OP

For the Applicants,

Adjustment date: 09/17/2004 AKELLEY
08/19/2004 AAD0F01 00000046 10790770
02 FC:1460 -130.00 OP

Repln. Ref: 09/17/2004 AKELLEY 0009005200
DAH:182220 Name/Number:10170770
FC: 9204 \$130.00 CR


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Registration No. 32,531

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9-14-04 2 Serial/Patent # 10/799770

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		8/18/04	\$ 130 ⁰⁰
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
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<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND \$130⁰⁰

8 TO BE REFUNDED BY:

10 REASON:

☒ Treasury Check

☒ Overpayment

☒ Credit Deposit A/C #:

☐ Duplicate Payment

9

1	8	--	2	2	2	0
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☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: WAN LAYMON TITLE: pet. exam

SIGNATURE: Wm Laymon PHONE: _____

OFFICE: _____

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APPROVED: [Signature] DATE: 9/16/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B